

# PART B - FEE(S) TRANSMITTAL

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73042 75081 09/01/2010

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APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10800163	03/12/2004	Vijay Deshmukh	67272-805233801	9962

TITLE OF INVENTION: METHOD AND APPARATUS FOR REPRESENTING FILE SYSTEM METADATA WITHIN A DATABASE FOR EFFICIENT QUERIES

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	12/01/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
L.E. MIRANDA		2159	707-825000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.361)

- ☐ Change of correspondence address (for Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. PERKINS COIE LLP

2. \_\_\_\_\_
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NetApp, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Sunnyvale, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2207 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jordan M. Becker

Date

10/21/10

Typed or printed name

Registration No.

39,602

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